THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010835
STATE FILE NUMBER

FILED MAR 17 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2254

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John's Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Perry
c. CITY OR TOWN: Cutler — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Lilly — Middle: Stanley — Last: Dangerfield

4. DATE OF DEATH: Month, Day, Year: March 3, 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Nov. 25, 1877

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Carmi, Ill.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William Stanley

13b. MOTHER'S MAIDEN NAME: Elizabeth Lay

14. NAME OF HUSBAND OR WIFE: James

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Mrs. Dorothy Soffner, Mehlville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Embolism	0
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Venous Thrombosis - Lgt Thigh	8 days
DUE TO (c)	466X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Old Myocardial Infarction

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

MEDICAL CERTIFICATION

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

ITEM 13a, 13b, 13c, 13d CORRECTED BY AFFIDAVIT OF Funeral Director 3-27-59 DCS

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 30 59 to March 3 and last saw her/him alive on March 3
Death occurred at 10:30 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William A. Hermes M.D.

22b. ADDRESS: 4401 Hampton

22c. DATE SIGNED: 3-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3-5-59

23c. NAME OF CEMETERY OR CREMATORY: Herrin City Cemetery

23d. LOCATION (City, town, or county) (State): Herrin, ~~Sparta~~, Ill.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: MAR 4 '59

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed James Binsley

Licensed Embalmer No. 3653

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.